

S. No. 2  
4-1-4-41  
7. 5-17-39  
I X26390

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **7451**  
Registrar's No. **22**

**DEAD** MAR 11 1942  
Registration District No. **4388**

Primary Registration District No. **4388**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Pemiscot  
 (b) City or town Caruthersville  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: 1.  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether years, months or days)  
 In this community 58 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pemiscot **28**  
 (c) City or town Caruthersville  
(If outside city or town limits, write "RURAL") **1**  
 (d) Street No. 502 Highland Ave.  
(If rural, give location) **2**  
 (e) Citizen of foreign country? 1 (Yes or No)  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME JOHN SCOTT  
 3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex M ( ) 5. Color or race W  
 6. (a) Single, widowed, married, divorced Married  
 6. (b) Name of husband or wife Nellie Scott 6. (c) Age of husband or wife if alive 66 years  
 7. Birth date of deceased November 6, 1874  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
67 3 21 hr. min.

9. Birthplace Davis County, Ind.  
(City, town, or county) (State or foreign country)

10. Usual occupation Justice of Peace

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Samuel H. Scott  
 13. Birthplace Indiana  
(City, town, or county) (State or foreign country)  
 14. Maiden name U. K.  
 15. Birthplace U. K.  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Nellie Scott  
 (b) Address Caruthersville, Mo.

17. (a) Burial (b) Date thereof 3-1-42  
(Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Little Prairie Cem.

18. (a) Signature of funeral director LaForge Und. Co.  
 (b) Address Caruthersville, Mo.

19. (a) 2-28-1942 (b) Jessie N. Markey  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 27  
 year 1942 hour 8 minute 20 P. M.  
 21. I hereby certify that I attended the deceased from 2-26- 1942 to 2-27- 1942  
 that I last saw him alive on 2-27- 1942  
 and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_  
Angina Pectoris  
 Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)  
 Major findings: \_\_\_\_\_  
 Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_

Duration 1 day  
 PHYSICIAN \_\_\_\_\_  
 Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:  
 (a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
 (b) Date of occurrence \_\_\_\_\_  
 (c) Where did injury occur? \_\_\_\_\_  
(City or town) (County) (State)  
 (d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_  
(Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature P. J. Agard (M. D. or other) 1  
 Address Caruthersville Date signed 2-27-42

3-42-7

APR 24 1948

MAR 25 1948

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed *J. D. Johnson*.....

Licensed Embalmer No. *4086*.....

P. O. Address *Catholicsville, Mo*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.